

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: Herbert H Lee

Daytime Telephone: _____

LEGISLATIVE RESOURCE CENTER
18 JUN 15 PM 2:18
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

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|--------------|---|---|---|
| FILER STATUS | <input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives | State: <u>California</u> District: <u>39</u> Candidates - Date of Election: <u>June 5, 2018</u> | <input type="checkbox"/> Check if Amendment |
| | <input type="checkbox"/> New Officer or Employee | Employing Office: _____ | Period Covered: January 1, <u>2017</u> to <u>Dec 31, 2017</u> |
| | Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant | | |

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

| | |
|--|---|
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Name: Herbert Lee

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Use additional sheets if more space is required

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INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

SCHEDULE D - LIABILITIES

Name: Helen Lee

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| SP, DC, JT | Creditor | Date Liability Incurred MO/YR | Type of Liability | Amount of Liability | | | | | | | | | | |
|------------|------------------------------|-------------------------------|--|---------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|-------------------|---|
| | | | | A | B | C | D | E | F | G | H | I | J | K |
| | | | | \$10,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$250,000 | \$250,001-\$500,000 | \$500,001-\$1,000,000 | \$1,000,001-\$5,000,000 | \$5,000,001-\$25,000,000 | \$25,000,001-\$50,000,000 | Over \$50,000,000 | Over \$1,000,000* (Spouse/DC Liability) |
| Example | First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property, Dover, DE | | | | X | | | | | | | |
| | AME | | | | | | | | | | | | | |
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

| Position | Name of Organization |
|--------------------------------------|--------------------------------------|
| Michael D. Director of Medicine Dept | Clare District Nurse Center, Inc |
| Medical Director of GI Dept | Trinity Regional Medical Center, Inc |
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SCHEDULE F - AGREEMENTS

Name:

Heather Lee

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties to Agreement | Terms of Agreement |
|------|----------------------|--------------------|
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Source (Name and City/State) | | Brief Description of Duties |
|------------------------------|--|-----------------------------|
| Example: | Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| | I Day Design Dream Center | Medical Director |
| | ITRM Design Dream Center | Medical Director |
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